EXHIBIT C

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POSTRICZ OBNEVADA	PROOF OF CLAIM Rate Posts 2 01 12
Name of Debtor Car	se Number
USA COMMERCIAL MORTGAGE CO. BI	V-C-N/ 10000 100
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This form should not be used to make a claim for an administrative expense	Check box if you are
ansing after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503	filed a proof of cleim relating
Name of Creditor and Address:	to your claim. Attach copy of statement giving particulars
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CELSO ACOSTA	Check box if you have never received any notices
9061 BLACK ELK AVE	from the bankruptcy court or DO NOT FILE THIS PROOF OF CLAIM FOR A
LAS VEGAS NV 89143-1180	SECURED INTEREST IN A BORROWER THAT IS NO
	Check box if this address differs from the address on the
Craditor Tolonham Number (1997)	envelope sent to you by the Bankruptcy Court or BMC, you do not need to file again
Creditor Telephone Number (200) (102) (41-11467) ast four digits of account or other number by which creditor identifies debto	COURT USE ONLY
Annual analysis of the first of	- Chack here - I I replaces
Receipt # 27802 Palm HARBON	or a previously filed claim dated
BASIS FOR CLAIM Ret	pree benefits as defined in 11 U S C § 1114(a) Unremitted principal
Personal injury/wrongtul death	
Las	yes, salanes, and compensation (fill out below) L Other claims against service (not for loan balances)
	paid compensation for services performed from.
C PATE DESIGNATION	(data) (data)
2 DATE DEBT WAS INCURRED //- 36-05 3	IE COURT HIDCHENT DATE
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that best of See reverse side for important explanations	describe your claim and state the amount of the claim at the time case filed
UNSECURED NONPRIORITY CLAIM \$ \$	SECURED CLAIM
Check this box if a) there is no collateral or lien securing your claim, or b) your c	laim Check this box if your claim is secured by collateral (including
entitled to priority	m is a nght of setoff)
UNSECURED PRIORITY CLAIM	Brief description of collateral
Check this box if you have an unsecured claim, all or part of which is entitled to priority	Real Estate Motor Vehicle Other
Amount entitled to priority \$	Value of Collateral \$ SEE INVESTMENT SHEET
Specify the priority of the claim	AMOUNT of arrearage and other shares at the same
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)	secured claim, if any \$ SEE NIEREST SHEET
Wages salaries or commissions (up to \$10 000)	Up to \$2,225° of deposits towerd purchase losses as social of
	Street or personal lattily, or nousehold use -11 U S C § 507(a)(7)
business, whichever is earlier - 11 U S C § 507(a)(4)	Taxes or penalties owed to governmental units - 11 U S C § 507(a)(8)
Contributions to an employee benefit plan - 11 U S C § 507(a)(5)	Other - Specify applicable paragraph of 11 U S C § 507(a) () *Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on a 4/1/07 and every 3 years thereafter
5 TOTAL AMOUNT OF CLAIM \$ 15-2-04 (\$ 5-2-	Classification of the date of adjustment.
AT TIME CASE FILED (unsecured)	106,93 \$ \$52,906,93
Check this box if claim includes interest or other charges in addition to the name	(secured) (pnonty) (Total)
6 CREDITS. The amount of all acceptances	(pnonty) (Total) pal amount of the claim Attach itemized statement of all interest or additional charges
7 SUPPORTING DOCUMENTS Attack control of the called an	nd deducted for the purpose of making this proof of claim
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The original of this completed proof of claim forms	
The original of this completed proof of claim form must be sent by ma ACCEPTED) so that it is actually received on or before 5 00 pm, preva for each person or entity (including individuals, partnerships, or extractions).	III or hand delivered (FAXES NOT THIS SPACE FOR COURT
governmental units)	tions, joint ventures, trusts and
BY MAIL TO BMC Group	ND OR OVERNIGHT DELIVERY TO
Aftra LISACM Claims Destruction Co.	quor
FI Segundo CA 00245 0044	SACM Claims Docketing Center ast Franklin Avenue
El Segi	undo CA 90245
SIGN and print the name and title, if any of the creditor this claim (attach copy) of power of attorney if any	r or other person authorized to file
	Elsa Arasta

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13		IES EANKEDEN 1901 - EARL 1902 - EARL			OOF OF CLAIM	1. 10 T ag	90 0 01 22
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8	on Franc	ises OA	94121-35	32	Check box if this address differs from the address on the envelope sent to you by the	ONE OF THE DE	
Cre	ditor Telephone Numbe	1418 387-4	786		court		CE IS FOR COURT USE ONLY
	it four digits of account o			debtor	Check here replace or amen	a previously	y filed claim dated
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	Goods sold	Personal injur	y/wrongful death		salaries, and compensation (i	-	Other claims against service
	Services performed	☐ Taxes	Ц		digits of your SS#	ini out below)	(not for loan balances)
Þ	Money loaned	Other (describ	pe briefly)		compensation for services per	rformed from	to(date)
2 [DATE DEBT WAS INCU	RRED		3 IF C	OURT JUDGMENT, DATE O	BTAINED	
			propriate box or boxes that	best descri	be your claim and state the amou	unt of the claim at	the time case filed
1	See reverse side for importa				SECURED CLAIM		
		is no collateral or lien s	ecuring your claim or b) of c) none or only part of yo		a right of setoff)		red by collateral (including
UN	SECURED PRIORITY C	LAIM			Brief description of		
	Check this box if you have	e an unsecured claim a	ll or part of which is		Real Estate	☐ Motor Vehicle	e L Other
	entitled to priority				Value of Collateral	\$	
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	Domestic support obligation		507(a)(1)(A) or (a)(1)(B)		Up to \$2 225* of deposits towa		
	Wages salaries or commodefore filing of the bankru	nissions (up to \$10 000)	* earned within 180 days		services for personal family of	r household use 1	11 USC § 507(a)(7)
	business whichever is ea	rlier 11 USC § 507(a)(4)	片	Taxes or penalties owed to gov Other Specify applicable para		= ' ' ' ' '
	Contributions to an emplo	yee benefit plan 11 U	S C § 507(a)(5)	ا	* Amounts are subject to adjus	tment on 4/1/07 ar	nd every 3 years thereafter
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7 5	SUPPORTING DOCU	MENTS Attach cop acts court judgments	nies of supporting docui mortgages security a	<u>ments,</u> su greements	educted for the purpose of mach ch as promissory notes purc and evidence of perfection are voluminous attach a surr	hase orders inv	oices itemized statements of
	proof of claim				our claim enclose a stamped		envelope and copy of this
1	ACCEPTED) so that it is	s actually received	on or before 5 00 pm, luals, partnerships, co	prevailing orporation	r hand delivered (FAXES No g Pacific time on Novembe is, joint ventures, trusts and DR OVERNIGHT DELIVERY TO	r 13 2006 d	THIS SPACE FOR COURT USE ONLY
1	BMC Group			BMC Grou	ip .	FII FD	JAN 16 2007
] [Attn USACM Claims Do P O Box 911 El Segundo CA 90245-0	•		1330 East	CM Claims Docketing Center Franklin Avenue o CA 90245	1 1660	
DAT		SIGN and print the na	ame and title if any of the	creditor or	other person authorized to file		LICA CMO
		this claim (attac	ch copy of power of attorne	ey if any)			USA CMC

UNITED STATES BANKRUPTCY COURT DISTRICT OF NEVADA	PRO	OF OF CLAIM	34:46 Page	e 4 of 12
Name of Dobtor	Case Nur	nber:	· 	
Name of Debior.		25-LBR		j
USA Commercial Mortgage Company	UU-101			
FALM HARBOR OHE)
NOTE: See Reverse for List of Debtors and Case Numbers. This form should not be used to make a claim for an administrative expensions after the commencement of the case. A "request" for payment of the case.	ense of an	Check box if you are aware that anyone else has filed a proof of claim relating	IF YOU ARE ONLY	OWED MONEY BY A BORROWER
administrative expense may be filed pursuant to 11 U.S.C. § 503.		to your claim. Attach copy of	DERTORS YOU DO	BEING SERVICED BY THE O NOT HAVE TO FILE A PROOF
Name of Creditor and Address: 11321242033840 BENNETT, ALAN)	statement giving particulars. Check box if you have never received any notices	OF CLAIM. THIS I BORROWER HELI	NCLUDES MONEY FROM THAT O IN THE COLLECTION ACCOUNT.
14225 S WISPERWOOD DR RENO NV 89511		from the bankruptcy court or BMC Group in this case.	SECURED INTERE	S PROOF OF CLAIM FOR A EST IN A BORROWER THAT IS NOT TORS.
·		Check box if this address differs from the address on the envelope sent to you by the court.	If you have alrea Bankruptcy Court of	ady filed a proof of claim with the or BMC, you do not need to file again. E IS FOR COURT USE ONLY
Creditor Telephone Number (75) 853 1409	dahtan			- IO FOR COOK! COL OILL!
Last four digits of account or other number by which creditor identifies of		Check here repla	a previously ands	filed claim dated:
1. BASIS FOR CLAIM	Retiree t	penefits as defined in 11 U.S.	.C. § 1114(a)	Unremitted principal
Goods sold Personal injury/wrongful death	Wages,	salaries, and compensation (fill out below)	Other claims against servicer
Services performed Taxes	_	digits of your SS #:		(not for loan balances)
Money loaned Other (describe briefly)	Unpaid o	compensation for services pe	rformed from:	to (date) (date)
2. DATE DEBT WAS INCURRED:		OURT JUDGMENT, DATE (
4. CLASSIFICATION OF CLAIM. Check the appropriate box or boxes that	t best descr	ibe your claim and state the amo	ount of the claim at th	ne time case filed.
See reverse side for important explanations.		SECURED CLAIM		
UNSECURED NONPRIORITY CLAIM \$ Check this box if: a) there is no collateral or lien securing your claim, or b) exceeds the value of the property securing it, or if c) none or only part of you entitled to priority.	your claim our claim is	Check this box if y a right of setoff). Brief description o		ed by collateral (including
UNSECURED PRIORITY CLAIM		Real Estate		Other
Check this box if you have an unsecured claim, all or part of which is entitled to priority.		Value of Collatera		000.—
Amount entitled to priority \$		Amount of arrearage a secured claim, if any:	and other charges	at time case filed included in
Specify the priority of the claim: Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)	_	Up to \$2,225° of deposits tow	and numbers leave	or rental of property or
Wages, salaries, or commissions (up to \$10,000)*, earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's	► \$	services for personal, family, Taxes or penalties owed to g	or household use -1	1 U.S.C. § 507(a)(7).
business, whichever is earlier - 11 U.S.C. § 507(a)(4). Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).	Ē	Other - Specify applicable pa * Amounts are subject to adje	ragraph of 11 U.S.C.	. § 507(a) ().
	- 25 -	with respect to cases comme		date of edjustment.
5. TOTAL AMOUNT OF CLAIM ,\$ \$	50,0		/ priority	\$50,000=
Check this box if claim includes interest or other charges in addition to the		secured) I amount of the claim. Attach it	(priority) emized statement ^r o	
6. CREDITS: The amount of all payments on this claim has been cre 7. SUPPORTING DOCUMENTS: <u>Attach copies of supporting documents</u> , contracts, court judgments, mortgages, security DOCUMENTS. If the documents are not available, explain. If the	e <u>uments,</u> s agreemen	uch as promissory notes, puts, and evidence of perfection	rchase orders, invention of lien. DO NO	oices, itemized statements of
8. DATE-STAMPED COPY: To receive an acknowledgment of the proof of claim.	ne filing of	your claim, enclose a stamp	ed, self-addressed	
The original of this completed proof of claim form must be ser ACCEPTED) so that it is actually received on or before 5:00 pn for each person or entity (including individuals, partnerships, governmental units). BY MAIL TO: BMC Group Attn: USACM Claims Docketing Center P. O. Box 911 El Segundo, CA 90245-0911	BY HAND BMC GR Attn: US 1330 Ea	ng Pacific time, on Novem ons, joint ventures, trusts a OR OVERNIGHT DELIVERY T	ber 13, 2006 and ::-:	THIS SPACE FOR COURT USE ONLY USA CMC 1072500932
DATE SIGN and print the name and title, if any, of this claim (attach copy of power of atto	the creditor	or other person authorized to file		LED NOV 0 2 2006
10/28/00 Alan Torras			רו	TD 140 A 0 % 5000

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DISTRICT OF NEVADA	PRO	OOF OF CLAIM	4.40 Γαί	JC 3 01 12
Name of Debtor	ne of Debtor Case Nu		1	
USA Commercial Mortgage Company	06-107	725-LBR		
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NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expansing after the commencement of the case A "request" for payment administrative expense may be filed pursuant to 11 U S C § 503		Check box if you are aware that anyone else has filed a proof of claim relating		LY OWED MONEY BY A BORROWER S BEING SERVICED BY THE
Name of Creditor and Address 11321242034076 BRICE CHARLES 785 WINCHESTER DR RENO NV 89506		to your claim Attach copy of statement giving particulars Check box if you have never received any notices from the bankruptcy court or BMC Group in this case	DEBTORS YOU OF CLAIM THIS BORROWER HE DO NOT FILE TH	DO <u>NOT</u> HAVE TO FILE A PROOF S INCLUDES MONEY FROM THAT ELD IN THE COLLECTION ACCOUNT HIS PROOF OF CLAIM FOR A REST IN A BORROWER THAT IS NOT
NEW W 93339		Check box if this address differs from the address on the envelope sent to you by the	ONE OF THE DE	
Creditor Telephone Number (775) 972 - 7652		court	THIS SPAC	CE IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies	debtor	Check here replain or amer	A PLEASAN AND	y filed cıaım dated
1 BASIS FOR CLAIM	Retiree t	penefits as defined in 11 U S	C § 1114(a)	Unremitted principal
Goods sold Personal injury/wrongful death Services performed Taxes	_	salaries and compensation (digits of your SS#	(fill out below)	Other claims against servicer (not for loan balances)
Money loaned	Unpaid o	compensation for services pe	erformed from	to
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4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that				the time case filed
See reverse side for important explanations		SECURED CLAIM		
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Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)		Up to \$2 225* of deposits toward	ard purchase lease	e or rental of property or
Wages salaries or commissions (up to \$10 000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's	, L	services for personal family of		
business whichever is earlier 11 U S C § 507(a)(4)	<u> </u>	Taxes or penalties owed to go Other Specify applicable part		
Contributions to an employee benefit plan - 11 U S C § 507(a)(5)	-	* Amounts are subject to adjust	-	
5 TOTAL AMOUNT OF CLAIM \$ 50,000 as \$		with respect to cases commer	nced on or after the	
5 TOTAL AMOUNT OF CLAIM \$ 50,000,00 \$ AT TIME CASE FILED (unsecured)		secured)	(\$ 50,000.00
Check this box if claim includes interest or other charges in addition to the	•	•	(pnonty) emized statement ((Total) of all interest or additional charges
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BMC Group Attn USACM Claims Docketing Center P O Box 911	Attn USA	OR OVERNIGHT DELIVERY TO up CM Claims Docketing Cente t Franklin Avenue		LED OCT 0 4 2006
El Segundo CA 90245-0911	El Seguno	do CA 90245		USA CMC
SIGN and print the name and title if any of the this claim (attach copy of power of attor	ney ıfan y)	1		1072500439
10/2/06 CHARLES R.BRICE	(Mu	Mest Brice		ì

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TRUST DAT C/O CAROLI	GERWIN FAMILY ED 11/2/95 INE M GERWIN TRUSTEE IT RIDGE DR APT 1101 9523-7917	325	statement giving particulars Check box if you have never received any notices from the bankruptcy court or BMC Group in this case Check box if this address differs from the address on the envelope sent to you by the court	SECURED INTE ONE OF THE DE If you have all Bankruptcy Cour	HIS PROOF OF CLAIM FOR A REST IN A BORROWER THAT IS NOT EBTORS ready filed a proof of claim with the t or BMC, you do not need to file again CE IS FOR COURT USE ONLY
	other number by which creditor identifie	s debtor			DE 107 ON COOK, COE ONE!
			Check here replace or if this claim amen	a previousi	y filed claim dated
1 BASIS FOR CLAIM Goods sold	Personal injury/wrongful death	Retiree	benefits as defined in 11 U S	C § 1114(a)	Unremitted principal
Services performed	Taxes		salaries and compensation (r digits of your SS #	fill out below)	Other claims against services (not for loan balances)
Money loaned	Other (describe briefly)		compensation for services pe	rformed from	to
2 DATE DEBT WAS INCUR	RED	3 IF C	OURT JUDGMENT, DATE O	BTAINED	(date) (date)
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UNSECURED NONPRIORI* Check this box if a) there is exceeds the value of the prentitled to priority	s no collateral or lien securing your claim or operty securing it or if c) none or only part of	b) your claim your claim is	a right of setoff)		ired by collateral (including
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8 DATE-STAMPED COP proof of claim	cuments are not available, explain If the Y To receive an acknowledgment of	the filing of y	our claim enclose a stamped	d self-addresse	d envelope and copy of this
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BY MAIL TO BMC Group		BMC Gro			
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El Segundo, CA 90245-09	SIGN and print the name and title if any of this claim (attach copy of power of atty	the creditor of	do, CA 90245 r other person authorized to file		1
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Case 06-10725-gwz Doc 8593-3 Entered 07/10/11 14:34:46 Page 7 of 12 PROOF OF CLAIM Case Number Name of Debtor 06-10725-LBR USA COMMERCIAL MORTGAGE NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expense Check box if you are aware that anyone else has arising after the commencement of the case. A "request" for payment of an filed a proof of claim relating administrative expense may be filed pursuant to 11 U S C § 503 to your claim Attach copy of Name of Creditor and Address statement giving particulars 11321241001881 Check box if you have **CHAI MILLER LLC** never received any notices PO BOX 81191 from the bankruptcy court or DO NOT FILE THIS PROOF OF CLAIM FOR A BMC Group in this case SECURED INTEREST IN A BORROWER THAT IS NOT LAS VEGAS NV 89180-1191 ONE OF THE DEBTORS Check box if this address If you have already filed a proof of claim with the differs from the address on the Bankruptcy Court or BMC you do not need to file again envelope sent to you by the court THIS SPACE IS FOR COURT USE ONLY Creditor Telephone Number (1701-591-3525 ast four digits of account or other number by which creditor identifies debtor replaces Check here a previously filed claim dated or amends if this claim 1 BASIS FOR CLAIM Retiree benefits as defined in 11 U S C § 1114(a) Unremitted principal Goods sold Personal injury/wrongful death Wages, salaries and compensation (fill out below) Other claims against servicer (not for loan balances) Services performed Taxes Last four digits of your SS # Money loaned Other (describe briefly) Unpaid compensation for services performed from _ to _ PALM (date) 3 IF COURT JUDGMENT, DATE OBTAINED 2 DATE DEBT WAS INCURRED 1/2006 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed See reverse side for important explanations SECURED CLAIM PALM HAK BOR ONE.

Check this box if your claim is secured by collateral (including UNSECURED NONPRIORITY CLAIM \$ Check this box if a) there is no collateral or lien securing your claim or b) your claim a right of setoff) FIRST TRUST DEED exceeds the value of the property securing it or if c) none or only part of your claim is entitled to priority Brief description of collateral UNSECURED PRIORITY CLAIM Other ____ Check this box if you have an unsecured claim, all or part of which is entitled to priority Value of Collateral \$ 40,000,000 Amount entitled to priority Amount of arrearage and other charges at time case filed included in secured claim if any \$ _ Specify the priority of the claim Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B) Up to \$2 225" of deposits toward purchase lease or rental of property or services for personal family or household use -11 U S C § 507(a)(7) Wages salaries or commissions (up to \$10 000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier - 11 U S C § 507(a)(4) Taxes or penalties owed to governmental units 11 U S C § 507(a)(8) Other - Specify applicable paragraph of 11 U S C § 507(a) (_ Contributions to an employee benefit plan - 11 U S C § 507(a)(5) * Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment 5 TOTAL AMOUNT OF CLAIM \$ 8,063.48 558,063 AT TIME CASE FILED (secured) (priority) (unsecured) (Total) Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges. CREDITS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim SUPPORTING DOCUMENTS Attach copies of supporting documents, such as promissory notes, purchase orders invoices, itemized statements of running accounts, contracts court judgments mortgages security agreements and evidence of perfection of lien DO NOT SEND ORIGINAL DOCUMENTS If the documents are not available explain. If the documents are voluminous attach a summary 8 DATE-STAMPED COPY To receive an acknowledgment of the filing of your claim enclose a stamped, self-addressed envelope and copy of this proof of claim The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT THIS SPACE FOR COURT ACCEPTED) so that it is actually received on or before 5 00 pm, prevailing Pacific time, on November 13, 2006 **USE ONLY** for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and governmentai units) BY HAND OR OVERNIGHT DELIVERY TO BMC Group BY MAIL TO BMC Group FILED NOV 0 3 2006 Attn USACM Claims Docketing Center Attn USACM Claims Docketing Center P O Box 911 1330 East Franklin Avenue El Segundo CA 90245-0911 El Segundo CA 90245 SIGN and print the name and title if any of the creditor or other person authorized to file this claim (attach copy of power of attorney if any) DATE USA CMC 0-20-06 Sarashe NIMROD

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CNARIES DEWAINGHAM		SIGN and print the name and title if any of	El Segun	do, CA 90245 r other person authorized to		USA CMC
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Sase. 05-10725-gwz ; Doc 3593-	B PR	OOF OF CLAIM	4.46 Pag	e 9 of 12
Name of Debtor:	Case No			
USA Commercial Mortgage Company	06-10	725-LBR		
NOTE: See Reverse for List of Debtors and Case Numbers. This form should not be used to make a claim for an administrative exp	ense	Check box if you are		
arising after the commencement of the case. A "request" for payment of	of an	aware that anyone else has	IE VOU ARE ON	VOMES MONEY BY A SOSSOCIO
administrative expense may be filed pursuant to 11 U.S.C. § 503.		filed a proof of claim relating to your claim. Attach copy of		LY OWED MONEY BY A BORROWER BEING SERVICED BY THE
Name of Creditor and Address:	_	statement giving particulars.		DO <u>NOT</u> HAVE TO FILE A PROOF INCLUDES MONEY FROM THAT
EVERETT, DAN Y SANDRA M. EVERETT		Check box if you have		LD IN THE COLLECTION ACCOUNT.
921 CRYSTAL COURT		never received any notices from the bankruptcy court or	DO NOT FILE TH	IS PROOF OF CLAIM FOR A
FOSTER CITY CA 94404		BMC Group in this case.	SECURED INTER	REST IN A BORROWER THAT IS NOT BTORS.
	i	Check box if this address differs from the address on the	If you have aire	eady filed a proof of claim with the
Conditor Talanhana Number /// A / // G		envelope sent to you by the court.		or BMC, you do not need to file again.
Creditor Telephone Number (416) 468-5000 Last four digits of account or other number by which creditor identifies d	iehtor:		THIS SPAC	E IS FOR COURT USE ONLY
Palm Harbor one 5996	iobioi.	Check here replace or if this claim amen	a previously	filed claim dated:
1. BASIS FOR CLAIM	Retiree b	penefits as defined in 11 U.S.	C. § 1114(a)	Unremitted principal
Goods sold Personal injury/wrongful death	Wages, s	salaries, and compensation (t	îll out below)	Other claims against servicer
Services performed Taxes	Last four	digits of your SS #:		(not for loan balances)
Money loaned	Unpaid o	compensation for services per	formed from:	to
2. DATE DEBT WAS INCURRED:	12 IF C	OURT JUDGMENT, DATE O	DTAILED.	(date) (date)
4. CLASSIFICATION OF CLAIM. Check the appropriate box or boxes that	best descri	be your claim and state the amou	nt of the claim at the	ne time case filed
See reverse side for important explanations.		SECURED CLAIM		in this book inc.
UNSECURED NONPRIORITY CLAIM \$			ur claim is secur	ed by collateral (including
Check this box if: a) there is no collateral or lien securing your claim, or b) y exceeds the value of the property securing it, or if c) none or only part of you	our claim ir claim is	a right of setoff).		,
entitled to priority. UNSECURED PRIORITY CLAIM		Brief description of		·
Check this box if you have an unsecured claim, all or part of which is		Real Estate	Motor Vehicle	Other
entitled to priority.		Value of Collateral:	\$ unka	19win
Amount entitled to priority \$		Amount of arrearage an	d other charges	at time case filed included in
Specify the priority of the claim:		secured claim, if any: \$		
Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B) Wages, salaries, or commissions (up to \$10,000)*, earned within 180 days	. П	Up to \$2,225* of deposits toward services for personal, family, or	household use -11	U.S.C. § 507(a)(7).
before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4).	닏	Taxes or penalties owed to gov		
Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).	ш	Other - Specify applicable para * Amounts are subject to adjust		
F TOTAL ANGUNE OF ALL WILL		with respect to cases commend	ed on or after the c	date of adjustment.
) At time CASE FILED:	10,000.	<u>00</u> \$		\$ 50,000.00
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for each person or entity (including individuals, partnerships, co	rporation	s, joint ventures, trusts and	1	USE ONLY
governmental units). BY MAIL TO: BY MAIL TO: BY MAIL TO:	Y HAND O	OR OVERNIGHT DELIVERY TO:		
BMC-Group at the William Company and the Market Company	MC Grou	p CM Claims Docketing Center		
	330 East	Franklin Avenue		. 4 6 0000
DATE SIGN and control name and the same and	creditor or o	o, CA 90245 other person authorized to file	FILED 1	NOV 1 0 2006
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11-4-00 1 111111111111111111111111111111		CW .		
Penalty for presenting fraudulent wire is a fine of up to \$500,000 or imprisonment	for up to 5	years, or both. 18 U.S.C. §§ 15	52 AND 3571	1072501157

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SAISE OUTEUT 25-9Wg. DOC 658	PRO	OF OF CLAIM	r.40 -rag	C 10 01 12
Name of Debtor	Case Nu	mber	1	
USA Commercial Mortgage Co.	06	- 10725-LBR		
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Name of Creditor and Address		to your claim Attach copy of statement giving particulars	İ	
JOHN FANELLI & JODI FANELLI 47 BARRETT RD GREENVILLE NH 03048-3305	02176	Check box if you have never received any notices from the bankruptcy court or BMC Group in this case	SECURED INTE	HIS PROOF OF CLAIM FOR A REST IN A BORROWER THAT IS NOT
		Check box if this address differs from the address on the envelope sent to you by the	Bankruptcy Cour	ready filed a proof of claim with the t or BMC you do not need to file again
Creditor Telephone Number ()		court	THIS SPACE	CE IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identif	fies debtor	Check here replace or if this claim amer	a previousi	y filed claim dated
1 BASIS FOR CLAIM	Retiree b	penefits as defined in 11 U S	C § 1114(a)	Unremitted principal
Goods sold Personal injury/wrongful death	☐ Wages	salaries and compensation (fill out below)	Other claims against servicer
Services performed Taxes	Last four	digits of your SS#		(not for loan balances)
Money loaned Other (describe briefly)	Unpaid o	compensation for services pe	rformed from	to
2 DATE DEBT WAS INCURRED ///28/2005	3 IE C	OURT JUDGMENT, DATE O	PTAINED	(date) (date)
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes				the time case filed
See reverse side for important explanations		SECURED CLAIM		
UNSECURED NONPRIORITY CLAIM \$ Check this box if a) there is no collateral or lien securing your claim of exceeds the value of the property securing it or if c) none or only part		a nght of setoff)		red by collateral (including
entitled to priority UNSECURED PRIORITY CLAIM		Brief description of		_
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Wages salaries or commissions (up to \$10 000)* earned within 180 before filing of the bankruptcy petition or cessation of the debtor's	days	services for personal family of	or household use	11 U S C § 507(a)(7)
business whichever is earlier 11 U S C § 507(a)(4)	<u> </u>	Taxes or penalties owed to go Other Specify applicable part		•,
Contributions to an employee benefit plan 11 U S C § 507(a)(5)		* Amounts are subject to adjust		
S TOTAL AMOUNT OF CLAIM		with respect to cases commer		
5 TOTAL AMOUNT OF CLAIM \$ AT TIME CASE FILED (upsecured)	\$	\$\$	(pposts)	(Tatel)
(unsecured) Check this box if claim includes interest or other charges in addition	•	ecured) amount of the claim Attach ite	(pnonty) emized statement	(Total) of all interest or additional charges
6 CREDITS The amount of all payments on this claim has been 7 SUPPORTING DOCUMENTS Attach copies of supporting running accounts contracts court judgments, mortgages secu DOCUMENTS If the documents are not available explain. If the support of claim. 8 DATE-STAMPED COPY To receive an acknowledgment of proof of claim.	<i>documents,</i> sunty agreement the documents	ich as promissory notes pure s and evidence of perfection are voluminous attach a sui	chase orders in of lien DO NO mmary	voices itemized statements of OT SEND ORIGINAL
The original of this completed proof of claim form must be ACCEPTED) so that it is actually received on or before 5 00 for each person or entity (including individuals, partnership) pm, prevailin	g Pacific time, on Novemb	er 13, 2006	THIS SPACE FOR COURT USE ONLY
governmental units) BY MAIL TO BMC Group		OR OVERNIGHT DELIVERY TO		FILED NOV 1 3 2006
Attn USACM Claims Docketing Center	Attn USA	CM Claims Docketing Cente	er	1
P O Box 911 El Segundo CA 90245-0911		t Franklin Avenue do CA 90245		USA CMC
DATE SIGN and print the name and title if any	of the creditor or			1072501347
this attaim (attach copy of power of	attorney if any)	odi Tanelle		107200011
11-10-06 Vtchme mill	i $+$	od danelle		

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USA Commercial Mortgage Compay				
NOTE See Reverse for List of Debtors and Case Numbers			}	
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Name of Creditor and Address		statement giving particulars	[
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JOHN J & GINA A FANELLI		Check box if you have never received any notices		
27 LARCH ST FITCHBURG MA 01420-2009		from the bankruptcy court or BMC Group in this case		IIS PROOF OF CLAIM FOR A REST IN A BORROWER THAT IS NOT
FITCHBORG WAY 01420-2009		Check box if this address	ONE OF THE DE	
		differs from the address on the		ready filed a proof of claim with the
Continue Tolomboro Niverbor ()		envelope sent to you by the court.		t or BMC you do not need to file again
Creditor Telephone Number () Last four digits of account or other number by which creditor identifies	debtor			DE TOT ON GOOK! GOE GIVE!
6978		Check here replace or if this claim amen	a previousi	y filed claim dated
1 BASIS FOR CLAIM	Retiree b	enefits as defined in 11 U S	C § 1114(a)	Unremitted principal
Goods sold Personal injury/wrongful death] Wages s	salaries, and compensation (fill out below)	Other claims against service
Services performed Taxes	Last four	digits of your SS #		(not for loan balances)
Money loaned	Unpaid c	ompensation for services per	rformed from	to
	- To			(date) (date)
2 DATE DEBT WAS INCURRED /0/21/05 4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that		DURT JUDGMENT, DATE O		the time cose filed
See reverse side for important explanations	it best descri	•	unt of the claim at	the fille case med
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entitled to priority		Brief description of	collateral	
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Amount entriled to priority \$		ì	· ———	at time case filed included in
Specify the priority of the claim		secured claim, if any		at time case med included in
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Wages salaries or commissions (up to \$10 000)* earned within 180 days	ليا د	services for personal family o		
before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U S C § 507(a)(4)		Taxes or penalties owed to go	vernmental units -	11 U S C § 507(a)(8)
Contributions to an employee benefit plan - 11 U S C § 507(a)(5)		Other Specify applicable para	agraph of 11 USC	§ 507(a) ()
Contributions to an employee benefit plan - 11 0 3 0 g 307(a)(3)		* Amounts are subject to adjust with respect to cases commen		
5 TOTAL AMOUNT OF CLAIM \$			2,000 plus	\$
AT TIME CASE FILED (unsecured)	(s	ecured)	(priority) Inh	(Total)
Check this box if claim includes interest or other charges in addition to the	he principal	amount of the claim Attach ite	mized statement of	of all interest or additional charges
6 CREDITS The amount of all payments on this claim has been cre-		• •	• •	
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running accounts contracts, court judgments, mortgages, security a DOCUMENTS if the documents are not available, explain if the documents are not available.				I SEND ORIGINAL
8 DATE-STAMPED COPY To receive an acknowledgment of th			-	d envelope and copy of this
proof of claim				
The original of this completed proof of claim form must be sen ACCEPTED) so that it is actually received on or before 5 00 pm	ı, prevailin	g Pacific time, on Novembe	r 13, 2006	THIS SPACE FOR COURT USE ONLY
for each person or entity (including individuals, partnerships, or governmental units)	corporatio	ns, joint ventures, trusts an	a	
BY MAIL TO BMC Group	BY HAND O	OR OVERNIGHT DELIVERY TO		
Attn USACM Claims Docketing Center	Attn USA	CM Claims Docketing Center	r	
P O Box 911 El Segundo, CA 90245-0911		Franklin Avenue to, CA 90245		FILED NOV 10 200
DATE SIGN and print the name and title if any of the				USA CMC
111/6/06 This claim dattack topy of power of attor	nen if any)		nn	
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This form should not be use arising after the commence	st of Debtors and Case Numbers ad to make a claim for an administrative ex ment of the case A "request" for payment by be filed pursuant to 11 U S C § 503		Check box if you are aware that anyone else has filed a proof of claim relating		
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WILLIAM L 3124 QUEE MODESTO	GRAHAM AND WILTA L GRAHAM INS GATE LN CA 95355-8684	04	statement giving particulars Check box if you have never received any notices from the bankruptcy court or BMC Group in this case Check box if this address differs from the address on the envelope sent to you by the court	SECURED INTE ONE OF THE DI If you have al Bankruptcy Cour	ready filed a proof of claim with the tor BMC you do not need to file again
Creditor Telephone Numbe	r() r other number by which creditor identifies	debtor		THIS SPACE	CE IS FOR COURT USE ONLY
	Total number by which deditor identifies	debioi	Check here replace or if this claim amen	a previous	y filed claim dated
1 BASIS FOR CLAIM		Retiree b	enefits as defined in 11 U S	C § 1114(a)	Unremitted principal
Goods sold	Personal injury/wrongful death	☐ Wages s	alaries, and compensation (fill out below)	Other claims against servicer
Services performed	☐ Taxes	Last four	digits of your SS#		(not for loan balances)
Money loaned	Other (describe briefly)	Unpaid c	ompensation for services per	rformed from	to
2 DATE DEBT WAS INCU			DURT JUDGMENT, DATE O		
4 CLASSIFICATION OF C See reverse side for importa	LAIM Check the appropriate box or boxes the	at best descri	be your claim and state the amoi	unt of the claim at	the time case filed
UNSECURED NONPRIOR	•		SECURED CLAIM		
Check this box if a) there	is no collateral or lien securing your claim or b property securing it or if c) none or only part of y) your claim your claim is	Check this box if you a right of setoff)	our claim is secu	red by collateral (including
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Check this box if you have entitled to priority	e an unsecured claim all or part of which is		Real Estate Value of Collateral	Motor Vehicl	e Dother
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before filing of the bankru	iissions (up to \$10 000)* earned within 180 day ptcy petition or cessation of the debtor's	° П	Taxes or penalties owed to gov		
	rlier - 11 U S C § 507(a)(4)		Other - Specify applicable para		
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5 TOTAL AMOUNT OF CL	AIM \$ \$		with respect to cases commen	ced on or after the	date of adjustment \$
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BY MAIL TO BMC Group		wn	OR OVERNIGHT DELIVERY TO		Foled Date 9/25/2006
Attn USACM Claims Do P O Box 911	cketing Center	Attn USA	OM Claims Docketing Center		alzelanan
El Segundo, CA 90245-0		El Segund	Franklin Avenue o CA 90245		4/22/2006
DAIE	SIGN and print the name and title if any of the this claim (attach copy of power of attor	ne creditor or mey if any)	other person authorized to file		1100
					USA CMC

Penalty for presenting fraudulent claim is a fine of up to \$500 000 or imprisonment for up to 5 years or both 18 U S C §§ 152 AND 3571

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